



INVESTIGATION WORKSHEET

Confirmed Probable Suspect Not a Case

Plague

Entered in DRSi?

Reported to health dept?

Please see the 2022 Armed Forces Reportable Medical Events Guidelines and Case Definitions for reference.

Outbreak investigations must be reported immediately to DRSi through the outbreak module.

POC: _____

(____) - ____ - ____

<https://drsi.health.mil/ADRSi>

DEMOGRAPHICS

NAME: (Last) _____ (First) _____ (MI) _____ PARENT/GUARDIAN: _____

DOB: ____/____/____ AGE: _____ FMP: _____ SEX: M F Unk RACE: _____

UNIT: _____ SERVICE: _____ RANK: _____ DUTY STATUS: _____

ADDRESS: (Street) _____ DoD ID: _____

(City) _____ (State) _____ (Zip) _____ (____) - ____ - ____ (h)

(County) _____ (Country) _____ PHONE: _____ (____) - ____ - ____ (c)

CLINICAL INFORMATION

Provider: _____ Clinic/hospital: _____
Y N

Hospitalized Admit date: ____/____/____ Discharge date: ____/____/____

Deceased Date of death: ____/____/____ Cause of death: _____

Y N

Symptomatic Onset date: ____/____/____ Clinic date: ____/____/____ Diagnosis date: ____/____/____

Fever Max Temp: _____ °F/°C (unk)

Chills/sweats

Confusion/delirium

Vomiting

Diarrhea

Abdominal pain

Sore throat

Cough

Chest pain

Shortness of breath

Other (describe)

Localized signs

Y N

Bubo *If yes, specify:* Axillary Cervical Inguinal/Femoral Other

Insect bites/skin ulcer *Location/description:* _____

Chest x-ray Infiltrates or nodules Pleural effusion Clear/normal

Primary Clinical Syndrome

Secondary pneumonic plague

Bubonic Septicemic Pneumonic Pharyngeal Yes No Unknown

TREATMENT

Treated with antibiotics? Y N

Type of antibiotic Date Started Duration

1. _____ /____/____ _____

2. _____ /____/____ _____

3. _____ /____/____ _____

LABORATORY RESULTS

COMMENTS

Test <small>(type of test performed)</small>	Collection Date	Source <small>Circle Type</small>	Result	
Antibody	___/___/___	Serum Urine CSF Other	Positive Negative	
Antigen	___/___/___	Serum Urine CSF Other	Positive Negative	
PCR (DNA)	___/___/___	Serum Urine CSF Other	Positive Negative	
Culture	___/___/___	Serum Urine CSF Other	Positive Negative	
Screen	___/___/___	Serum Urine CSF Other	Positive Negative	
Other <small>Describe below</small>	___/___/___	Serum Urine CSF Other	Positive Negative	

EXPOSURE AND TRAVEL HISTORY

In the 2 weeks before illness onset (when symptoms started), did the case....

1. Recently travel?	Y	N	Unk	(If yes) Reason for travel	Deployment	Visiting Friends
2. Was travel out of country?	Y	N	Unk		TDY	Business (non-DoD)
3. Did case receive theater/ country clearance before recent out-of-country trip?	Y	N	Unk		Vacation	Other: _____

Travel History (Deployment history) - Details (start with most recent travel/deployment)

Location (City, State, Country)	# In Group (if applicable)	Principal reason for trip	Date Travel Started	Date Travel Ended

In the 2 weeks before illness, did the case report:

Flea or insect bites: Yes No Unk If yes, what type of insect: _____

Animal contact: Yes No Unk

If yes, what type of animal: Wild (specify: _____) Domestic pet (specify: _____)

What was the nature of the contact?

Bitten Scratched Disposed/handled deceased animal Cleaned carcass Consumed hunted game meat

Person-to-person transmission from a known plague patient Yes No Unk

Other possible exposure type: _____

Evidence of *Yersinia pestis* infected animals or fleas in the likely exposure location?

Yes No Unk If yes, specify: _____

Additional comments: